U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8493	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Michael F Sabitoni	Name   Construction & General Laborers' LU 271		
•	Labor Organization File Number 013-097		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 410 South Main Street	Street 410 South Main Street		
City Providence	City Providence		
State Rhode Island ZIP Code + 4 02903	State Rhode Island ZIP Code + 4 02903		
5. Position in labor organization. Business Manager			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations	usions set forth in the instructions):  derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	7.b. Amount.		
offeet :			
City	\$0		
State ZIP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan- undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed MirAnd Klasic Town	On 8/10/2005 (401) 331-9682		
- I have now it I have a	Date Telephone Number		

Name of Person Filing, Michael Sabitoni	File Number O-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name New England Laborers' Training Trust Fund				
Trade Name, if any:	a. Labor Organiza	tion .		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 37 East Street				
City Hopkinton				
State Massachusetts ZIP Code + 4 01748				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
Name	Training/Education New England States	Trust Fund for affilates of the - Trustee		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	Remarkation of the provided			
Street	The control of the second control of the second control of the con			
City	11.b. Approximate dollar values 12.a. Nature of interest hel	explicing a second factor to the property of the		
State ZIP Code + 4	China Caraba and Baratin Baratin Anther the Color State Color Colo	the 2004 ESAC Conference		
Appendix and the second	registration			
	make the second of the second			
	And the Grant Page 1			
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	enter en entre de la companya de la		
Name    Continue   Con				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
Сіту	1000			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$0		

Name of Person Filing Michael Sabitoni	File Number U-

8. Name and address of Business (	including trade name, if any).	9. Business deals with:	
Name New England Laborer	rs' Training Trust Fund	a. Labor Organization	
Trade Name, if any:		(C. N	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 37 East Street		c. Employer	
City Hopkinton			
State Massachusetts	ZIP Code + 4 01748		_
10. If 9.b. or 9.c. is checked give trust	or employer's name.	11.a. Nature of such dealing.	en nek alkaris zi ilizatukon mensis
Name		Training/Education Trust Fund for affiliates New England States - Trustee	of the
Trade Name, if any:			TO THE PARTY OF TH
P.O. Box, Bldg., Room No., if any	r para a mangana da atampa atampa para a a a a a a a a a a a a a a a a		To the control of the
Street			and only community of the second
City		Amount, all colored constitution to the section of	
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	and the second s
		Thanksgiving Turkey and Fruit Basket for the Trustees and Advisory Council	And the second s
		-	
			in control of
		The second secon	CATEGORIA NO PEROPERTANTA
		12.b. Amount.	\$67

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Name of Person Filing Michael Sabitoni	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NE Laborers' Labor-Management Coop.Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 226 South Main Street  City Providence	a. Labor Organization  b. Trust  c. Employer
State Rhode Island ZIP Code + 4 02903	44 - Natura 6 - 1 - 1
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	11.a. Nature of such dealing.  Labor Management Cooperation Trust Fund for the affiliates of the New England States - Guest
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Attended the Iron Workers' Local Union 37's Martin Byrne Scholarship Golf Tournament (An event in which the Trust Fund was a sponsor)
	12.b. Amount. \$90

Name of Person Filing Michael Sabitoni	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name N.E.Laborers'Labor-Management Coop. Trust	To Labor Own to the
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 226 South Main Street	c. Employer
City Providence	
State Rhode Island ZIP Code + 4 02903	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Labor Management Cooperation Trust Fund for the affiliates of the New England States - Guest
Trade Name, if any:	additional of the New England States - Guest
DO Pov Pide Page No. 5	·
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Attended the NYS Laborers' Charity Golf Classic for the Make-A-Wish Foundation (an event in which the
	Trust Fund was a sponsor)
	T O TOTAL CONTROL OF THE CONTROL OF
	12.b. Amount. \$375

Name of Person Filing Michael Sabitoni	File Number U-
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8. Name and address of Business (including trade name, if any).  Name N.E.Laborers' H&S Labor Mang. Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 410 S. Main St. & 226 S. Main St.  City Providence  State Rhode Island  ZIP Code + 4 02903	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	- -
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	***************************************
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Trust Fund's which promote Health Labor Management Cooperation for t the New England States - Guest	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	The straightful regions of the straightful region of the straightful regions of the straightful region of the straightful regions
	2004 Regional Holiday Party	
	12.b. Amount.	\$100

Name of Person Filing	Michael	Sabitoni

File Number U-

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Laborers' Int'l Union of NA Tri-Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 905 16th Street, NW  City Washington  State District of Columbia ZIP Code + 4 20006	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	National Trust Fund's which promote Training/ Education, Health & Safety and Labor Management Cooperation for the affiliates of the United Sates and Canada
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.  Attended a reception in conjunction with the 2004 LIUNA National Tri-Fund Conference
	12.b. Amount. \$104

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١	Name of Person Filing Michael	Sabitoni	

File Number U-

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name N.E.Laborers'Labor-Management Coop. Trust	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 226 South Main Street	c. Employer
City Providence	
State Rhode Island ZIP Code + 4 02903	escretaines
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Health & Safety Trust Fund for the affiliates of the New England States - Guest
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Attended the Impossible Dream Ball. Proceeds from the event assist the Make-A-Wish Foundation (an event in which the Trust Fund was a sponsor)
	12.b. Amount. \$125

Name of Person Filing Michael Sabitoni	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Laborers' Health & Safety Fund of N.A	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 905 16th Street, NW	c. Employer		
City Washington			
State District of Columbia ZIP Code + 4 20006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Provides health and safety assistance to related Funds and signatory employers		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		3	
Street			
		20 mm	
State Rhode Island ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.	en til hill hans stalle kommunikalar hija månnadata iljuguna sille synom yyvellang	
	Had dinner at Yachtsman Restaurant	with spouse	
	12.b. Amount.	\$125	

Name of Person Filing Michael	Sabitoni	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name NE Laborers' Labor-Management Coop. Trust	a. Labor Organization	
Trade Name, if any:	Parameter Communication Commun	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 226 South Main Street	c. Employer	
City Providence		
State Rhode Island ZIP Code + 4 02903	-	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Labor Management Cooperation Trust Fund for the affiliates of the New England States	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	T-1 Reporting Meeting held at Capriccio's Restaurant	
	12.b. Amount. \$82	

# ADDENDUM F (MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION)

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.